United Nations E/ICEF/2015/P/L.31

Economic and Social Council

Distr.: Limited
10 August 2015
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2015
8-10 September 2015
Item 4 (a) of the provisional agenda*

Country programme document

Maldives

Summary

The country programme document (CPD) for Maldives is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,250,000 from regular resources, subject to the availability of funds, and $5,023,460 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

15-13547 (E) 120815

Please recycle

Programme rationale

1. Maldives is a Small Island Developing State (SIDS) with a 2014 population of 399,939, including 58,683 foreigners,[1] which is a 14 per cent increase since the last census in 2006. The country is spread out over 90,000 square kilometres with 188 inhabited islands, making it one of the world's most geographically dispersed countries. According to the 2006 census, children (aged 0-17) represent 39 per cent of the population.[2] The capital city, Malé, accounts for 38 per cent of the total population (census 2014); expatriates account for 13 per cent of the population in Malé. With an average ground level elevation of 1.5 metres above sea level, Maldives is the planet's lowest country, which has significant implications for its future.

2. Maldives graduated to middle-income country status in 2011, having shown remarkable economic growth of almost 6 per cent between 2000 and 2009,[3] largely due to the rapid expansion of tourism. The country attained a gross national income (GNI) per capita of $5,750 in 2012.[4] This growth took place despite the global economic crisis and the 2004 Indian Ocean tsunami. Moreover, by 2008, Maldives had achieved five of the eight Millennium Development Goals ahead of schedule, making it the only "MDG Plus" country in South Asia. The Maldives Human Development Index (MHDI) of 0.688 in 2012 (Maldives Human Development Report, MHDR, 2014), makes it the highest ranking country in South Asia, and 103rd out of 187 countries globally.[5] Despite these impressive developments, the data mask challenges and significant inequalities.

3. The State party Report to the Committee on the Rights of the Child (2012)[6] noted that one of the principal challenges facing the country is the result of numerous changes in Government, mainly due to increased political tensions. This has had a significant impact on the timely passage of important social legislation and delivery of key child-related social services. While the country embarked on a decentralization process in 2010, the intended improvements in the social sectors through devolution of some municipal services to Atoll and Island Councils have not been realized.[7] The graduation to middle-income status has also negatively impacted the public debt portfolio as concessional loans and favourable trade conditions have deteriorated markedly, presenting threats to the country's future development. Additionally, its SIDS profile, geographical dispersion and isolation of small islands, susceptibility to climate change and high vulnerability to natural hazards present the greatest constraints to the country's development and the welfare of its children.

4. While Maldives has made significant strides in social and economic development, this progress has not benefited all Maldivians equally. Disparities in

[1] Population and Housing Census 2014, Preliminary Results, National Bureau of Statistics, Ministry of Finance and Treasury, 13 November 2014.

[2] *Situation of Children in the Republic of Maldives: Secondary analysis of existing information from an equity perspective*, UNICEF, 2013.

[3] *Maldives Human Development Report* (MHDR), 2014, Ministry of Finance and Treasury and UNDP.

[4] *MHDR 2014*.

[5] *MHDR 2014*.

[6] Committee on the Rights of the Child, Fourth and Fifth Periodic Reports, Republic of Maldives, 1 September 2012.

[7] *Study on the Decentralization Process in the Maldives*, UNICEF, 2013.

outcomes for children have several dimensions, including geographic, income, education and age. The main driver of inequality and vulnerability is the population's geographical dispersion. Spatial disparity between Malé and the atolls contributes significantly to the human development gap, mostly in the form of income and education choices. The MHDI for Malé is 0.734 compared with 0.627 for all of the atolls.[8] Malé performs far better in expected and average years of schooling and earnings compared to the atolls. There are also noticeable differences within the regions, for example, in 2009, the poverty ratio in the northern region was 72 per cent compared with the north-central region, 32 per cent.[9]

5. Income disparities are the second most influential driver of inequality. Tourism and connectivity are key drivers in setting income levels,[10] which in turn determine better access to social services. A widening income inequality gap was recorded in Malé (2009-2010), with the richest 10 per cent of households holding almost half of the total income. While overall poverty decreased during the period 1997-2010,[11] the rate of poverty increased for Malé, from 2 per cent in 2003 to 7 per cent in 2010.[12] The decrease in the atolls was primarily as a result of outmigration to Malé for better employment opportunities and improved access to services, mainly education. A critical social inclusion issue is the growing sense of disenfranchisement and exclusion that young Maldivians feel, and the corresponding perception that the country's youth are "idle and disconnected from the fabric of society".[13]

6. Maldives has a fully state-funded universal health insurance programme (as legislated in the 2011 National Health Insurance Scheme Act), which covers the entire population. Despite the achievements of the health-related Millennium Development Goals and significant resources allocated to the health sector, malnutrition among children presents the most critical public health concern. Rates of stunting, underweight and wasting among children under five in 2009 were, respectively, 19 per cent, 17 per cent and 11 per cent. Rates of malnutrition and educational attainment in the north-central region were worse than in Malé. For example, in 2009, stunting rates were 23 per cent versus 16 per cent, wasting more than twice as high (15 per cent versus 7 per cent), and underweight was also more than twice as high (24 per cent versus 11 per cent).[14] Neonatal mortality rates also remain a concern. Other emerging issues include anaemia and obesity, with 6 per cent of children under five and 24 per cent of adolescents obese in 2009.[15] There is also the risk of HIV and AIDS and sexually transmitted infections among young people due to an increase in unsafe sex and risky behaviours. Bottlenecks in the enabling environment include negative social norms and weak monitoring and quality assurance systems. From the demand side, a preference for packaged foods, inadequate child-feeding practices, and, for some, lack of affordable, nutritious food, pose key challenges to proper nutrition. On the supply side, system-wide

[8] *MHDR 2014*.
[9] *Statistics Handbook*, Department of National Planning, Ministry of Finance and Treasury, Maldives 2012.
[10] *MHDR 2014*.
[11] Household and Income Survey, 2012.
[12] Mid-Term Review, Maldives UNICEF country programme, UNICEF 2013.
[13] "Youth in the Maldives: Shaping a new future for young women and men through engagement and empowerment", World Bank, 2014.
[14] Maldives Demographic and Health Survey, 2009.
[15] Ibid.

challenges include capacity gaps among health staff and low quality of services. Further, institutional capacity for coordinated emergency preparedness and response in the health sector is weak.

7. While significant progress has been achieved over the past 15 years in attaining universal primary education (99 per cent) and lower secondary education (82 per cent), there has been a significant reduction in the rate of transition to higher secondary education (24 per cent) in 2014,[16] with major societal implications given the growing number of out-of-school children. The south-central region has the highest mean years of schooling (5.45 years) compared with the north-central (4.21) and southern (3.45) regions.[17] The quality of education remains a critical concern at all levels. National assessments indicate poor learning outcomes at all levels of education. The average pass rate at lower-secondary level is at 47 per cent, with major disparities between Malé (58 per cent) and the regions (30 per cent).[18] Children with disabilities have inadequate access to educational opportunities. In 2014, only 52 out of the 219 schools across the country provided some form of education for children with special needs. Support from UNICEF included establishing a baseline and rolling out an inclusive school curriculum (2014/15), institutionalizing life skills and improving teacher capacity in special education needs.[19] However, supply-related bottlenecks to the achievement of quality education remain. These include weak teaching and learning methodologies, high turnover of secondary schoolteachers, and an ineffective system of ensuring proper hygiene and sanitation, especially as it affects girls. In addition, inadequate resources for emergency preparedness and lack of capacity of school management and teachers to respond is a challenge. Bottlenecks in the enabling environment include the difficulty of accessing small and dispersed island populations, inadequate monitoring of adherence to national standards, and insufficient advisory/pedagogical support to disadvantaged schools.

8. The most critical child protection issues include violence against children and drug abuse among adolescents. Studies reveal that there is a clear correlation between youth unemployment and the abuse of drugs and high rates of juvenile crime.[20] Low rates of educational achievement coupled with limited access to career guidance and life skills predispose children to delinquent behaviours and crime. For instance, 61 per cent of juvenile offenders reported to the Juvenile Justice Unit (JJU) were school dropouts, with 40 per cent of the cases related to drugs and another 18 per cent linked to violent assaults.[21] Gang violence is on the rise and becoming more brutal. There is growing evidence that a number of children involved in criminal behaviour were first in contact with the system after themselves having experienced violence. Limited access to recreational and sports opportunities is also considered a contributor to the increase in adolescent drug abuse. The preliminary results of the National Drug Use Survey — Maldives

[16] School Statistics 2014, Ministry of Education, Maldives, 2014.
[17] *MHDR 2014*.
[18] "Human Capital for a Modern Society: General education in the Maldives — An evolving seascape", World Bank, 2012.
[19] School Statistics 2014, Ministry of Education, Maldives.
[20] National Drug Use Survey (NDUS) — Maldives 2013, United Nations Office on Drugs and Crime, and *MHDR 2014*.
[21] Administrative data, Juvenile Justice Unit, Maldives 2014.

2011/2012 show that 48 per cent of drug users in Malé are aged 15 to 19 (compared with 18 per cent in the atolls).[22]

9. Violence against children exists in the home, school and community. A 2009 study indicated that 28 per cent of boys and 19 per cent of girls under age 18 have experienced emotional or physical punishment at some point in their lives.[23] Nationally, 15 per cent of children attending secondary school reported that they had been sexually abused at least once, with prevalence rates among girls double that among boys. The southern region has highest rate of unregistered births (14 per cent), highest teenage childbearing rate (3.2 per cent) and the largest cohort of children engaged in economically productive work (54.5 per cent). According to the Assessment of the Alternate Care Institutions for Children (Ministry of Gender and Human Rights, 2013, unpublished), 35 per cent of children are from the southern region. Child protection systems mapping and assessment identified multisectoral systemic and enabling environment issues such as lack of comprehensive legislation, tools and protocol and implementation guidelines, and weak coordination mechanisms. Supply bottlenecks include lack of institutional and human capacity and intersectoral mechanisms to provide an efficient and timely response to violence against children, including in humanitarian settings; and lack of quality standards and adherence to existing procedures, which limit the quality of care. Demand-side barriers include discriminatory attitudes by communities towards children who have experienced sexual abuse, lack of awareness and the widely accepted belief that issues related to sexual abuse these are "family issues". Important pieces of legislation such as the Juvenile Justice Bill and the Child Rights, Child Care and Protection Bill are still pending, while enforcement of the Law on the Protection of the Rights of the Child (Law No. 9/91) and related provisions in existing legislation is weak. Foster care is constrained by the lack of families willing to take on older children.

10. As the State party Report (2012) noted, children with disabilities continue to face an array of obstacles and remain subject to discrimination. The Maldives Operational Review 2012 noted that teachers lack the skills necessary to work with children with disabilities and to detect learning difficulties among students.[24] The impact of poverty has been greatest on children, with 18 per cent of the poor being children.[25] Despite the country's achievement of "MDG Plus" status and the Government's establishment of a number of social protection programmes, there are bottlenecks to social inclusion. These are mostly due to a constrained enabling environment, particularly weak generation, analysis and use of data and evidence to better target beneficiaries for social protection programmes. Supply bottlenecks include abolishment of the coordinating body (Department of National Planning, which housed the National Planning Council) in 2014, constrained capacity to analyse and use disaggregated data, including data to prepare and implement the humanitarian response. On the demand side, inadequate awareness of existing social protection programmes limits the ability of disadvantaged groups to make claims.

[22] NDUS Maldives 2013.

[23] "National Study on Violence against Children in the Maldives", UNICEF (unpublished, 2009).

[24] *ICPD Beyond 2014, Maldives Operational Review 2012*, United Nations Population Fund and Department of National Planning, Maldives, 2012.

[25] *Situation of Children in the Republic of Maldives: Secondary analysis of existing information from an equity perspective*, UNICEF, 2013.

11. Given the country's SIDS profile and the increasing evidence and impact of climate change, Maldives is highly vulnerable to natural hazards, particularly coastal flooding, storm surges and tsunamis. Land scarcity, coupled with limited utilization options and a growing population, also contribute to the country's vulnerability to multiple hazards. Bottlenecks to improving the country's readiness to deal with disasters include the absence of a child-sensitive legal, policy and institutional framework for disaster risk reduction and management, and in particular for climate change adaptation, coupled with weak institutional capacity.

12. Both the midterm review and a recent evaluation of UNICEF country programme strategies[26] noted that, despite an overly ambitious programme design and the shift to upstream advocacy in a challenging political environment with major fiscal challenges, the collaboration was able to influence the Government. This was achieved through systematic, evidence-based advocacy to prioritize a child-centred equity agenda. Key lessons from the last country programme that guided the design of the 2016-2020 programme include: (a) sustained engagement with the Government to leverage evidence, policies, programmes and budgets to close equity gaps is critical to the mandate of UNICEF in a middle-income country context; (b) intersectoral collaboration among key social sectors is crucial in tackling common barriers to addressing the deprivations that children face. For instance, for the Ministry of Education (MOE), Ministry of Law and Gender (MOLG), Maldives Police Service (MPS) and JJU, working together was more efficient and effective in addressing child protection issues; (c) reinforcing strategic partnerships between the Government and civil society organizations, enhanced capacity for social accountability, monitoring and reporting on equity in service quality and coverage.

Programme priorities and partnerships

13. The overall goal of the country programme is to support the Government of Maldives to reduce inequities and disparities and achieve the progressive realization of the rights of all children, especially the most vulnerable. In line with the national development priorities of the country, UNICEF contributes to the United Nations Development Assistance Framework (UNDAF) 2016-2020, particularly Outcome 1: *Children and youth access and use equitable, inclusive and quality social services, and have increased opportunities for skills development*. In line with the UNICEF Strategic Plan 2014-2017, the programme will leverage the organization's convening role to build partnerships with key social sectors and partners at all levels. The programme design adopts an evidence-based, policy advocacy and institutional strengthening approach in addressing the barriers that affect the most disadvantaged.

14. Partnerships with various entities will be developed in order to leverage resources and results for children: (i) United Nations agencies under the UNDAF, for instance, with the United Nations Educational, Scientific and Cultural Organization (UNESCO) in promoting vocational skills development for out-of-school adolescents; the World Bank in social protection systems and public expenditure reviews; the World Health Organization (WHO) and the United Nations

[26] *Evaluation of UNICEF Strategies in Addressing issues Affecting Women and Children in the Maldives*, 2015, UNICEF Maldives.

Population Fund (UNFPA) in health systems strengthening; and the United Nations Development Programme (UNDP) in environment and climate change issues; (ii) non-governmental organizations (NGOs) to support strengthening systems at the local island level, monitor and report on results; and advocate for the rights of children; (iii) private sector for policy advocacy and leveraging resources, tapping into the country's profitable tourism industry to increase results for children; and (iv) other government entities to help to promote an equity agenda for children. The country office will also develop and implement a strong resource mobilization strategy that focuses on private sector partnerships.

15. The country programme will incorporate gender equality and implement the UNICEF Gender Action Plan by addressing social and cultural norms with corresponding interventions using an equity-focused approach. The country programme will focus on two outcomes, as stipulated in the text that follows.

16. Outcome 1: Inclusive, equitable and quality social services for children (and adolescents), especially the most disadvantaged and vulnerable are improved by 2020.

Child health, nutrition, and HIV and AIDS

17. The UNICEF focus in this programme area will cover neonatal and child health and development, and child, adolescent and maternal nutrition. This is consistent with both national priorities and responses aimed at reducing malnutrition, neonatal mortality and child morbidity rates, with a focus on high-prevalence regions. Output results include: (i) a comprehensive mechanism for child and adolescent nutrition interventions strengthened, especially in regions with high malnutrition rates; (ii) policies and strategies for implementation and monitoring of inclusive and equitable child health programmes developed and implemented.

18. The programme will focus on strengthening institutional capacity for child, adolescent and maternal nutrition interventions and integrating hygiene promotion and safe water use; developing policies, frameworks and capacity on neonatal and child health and immunization; and developing national systems to address micronutrient deficiencies and HIV and AIDS. Additionally, UNICEF will support systems strengthening for generation and use of disaggregated data, which will be used to monitor results and to inform gender-sensitive policies and strategies. Support will be provided to strengthen capacity and coordination for health emergency preparedness and response. UNICEF will partner with local NGOs to promote nutrition at community and family levels and advocate for quality services; and with WHO and UNFPA in health systems strengthening, newborn care and immunization.

Education and water, sanitation and hygiene

19. The focus in the quality education and water, sanitation and hygiene (WASH) programme emphasizes inclusive and alternative education for the most disadvantaged and vulnerable children and adolescents, consistent with government education policies and priorities of addressing the poor quality of education at all levels. The correlation between poor educational achievement and delinquency and crime will be addressed through cross-sectoral linkages between MOLG and the Ministry of Youth and Sport (MOYS). In addition, support will be provided to MOE

to operationalize school improvement and the quality assurance and accountability framework (SIQAAF), and to institutionalize life skills at all levels of the national curriculum, and technical vocational education and training programmes at the lower secondary level. The priorities under this outcome include: (i) strengthen implementation and monitoring of an inclusive, child- and gender-sensitive curriculum; (ii) establish and operationalize an alternative education system for the most vulnerable children.

20. Partnerships will be enhanced with UNESCO (to promote vocational skills development for out-of-school adolescents) and the World Bank (to improve education quality). UNICEF will focus on strengthening institutional capacity for implementation of the SIQAAF, and generation and use of data for monitoring quality education, including learning achievements and education in emergencies. In partnership with the Ministry of Health (MOH), UNICEF will strengthen integration of hygiene and sanitation in educational settings. Further, partnerships will be developed with the private sector, particularly in skills development for out-of-school children. In partnership with the National Disaster Management Centre (NDMC), education sector planning and coordination in emergencies will be strengthened, to ensure continuation of quality education during emergencies.

Child protection

21. The child protection programme will aim to create a holistic child protection system at national and community levels to prevent, protect and respond to violence against children. Addressing the principal bottlenecks, the priorities include (i) child protection system effectively prevents and responds to violence against children and children in conflict with the law, and prevents drug abuse; and (ii) an effective national coordination and monitoring mechanism operational for timely response to violence against children and children in conflict with the law.

22. By adopting a systems approach, the programme will support the Government to establish a national multisectoral coordination mechanism to monitor the effectiveness of policies, programmes and services, and outline the accountabilities of duty-bearers across relevant sectors. In addition, it will strengthen institutional capacity at the national, atoll and community levels and create a framework for provision of psychosocial support to children who have experienced abuse. Furthermore, capacity will be strengthened at the MOLG and Family and Child Service Centres to establish a continuum of care. Institutions at island community level will be strengthened to address negative beliefs, attitudes and practices and build capacity for humanitarian response. Partnerships will be forged with NGOs to strengthen systems at the local island level, to monitor and report on results and advocate for children's rights; and with the private sector for policy advocacy and leveraging resources.

23. Outcome 2: Evidence generated for policy advocacy for inclusion in social services by 2020.

Social inclusion

24. The social inclusion programme includes a strategic approach to addressing multidimensional poverty and its attendant deprivations and vulnerabilities. The

programme aligns with the Government's focus on strengthening systems for social inclusion, which includes detailed analyses and use of disaggregated data for policy responses to child poverty. To achieve this, three outputs have been articulated: (i) Systems for generating evidence are strengthened at national and subnational levels for inclusive and equitable policies, plans and services, especially for the most disadvantaged; (ii) Social protection systems are strengthened to improve the focus on the most vulnerable, and (iii) Child- and gender-sensitive disaster resilience and climate change adaptation plans and programmes are institutionalized and operational at national and subnational levels.

25. The programme interventions will include strengthening national and subnational capacities for generation and use of data and evidence for policymaking, planning and programme development, and periodic analyses of data on inequities, including climatically vulnerable populations and advocacy on inclusive policies and strategies. Further, support will focus on institutional capacity for equitable social protection schemes with functional coordination and monitoring mechanisms. Additionally, the programme will promote child and gender-sensitive resilience and climate change adaptation, notably by supporting the integration of child-centred, multi-hazard risk assessments into development plans at national and local levels. It will also support establishment of a national council to promote and monitor national policies and programmes on disaster and climate resilience. Partnership will be sought with the World Bank to strengthen social protection systems and conduct public expenditure reviews, working with the National Social Protection Agency and the National Bureau of Statistics (NBS).

Choice and mix of strategies

26. While the country programme utilizes a combination of sectoral and intersectoral approaches, it is conceived as an integrated whole, with each sectoral component incorporating good practices and initiatives for scale up. Each outcome contributes to the relevant UNDAF outcome area and the UNICEF Strategic Plan 2014-2017. The interventions seek to influence actions at national and subnational levels of Government with an emphasis on equity. A human rights-based approach and gender lens have been used in the development of this programme and will be applied in its implementation.

27. Key implementation strategies include capacity development aimed at strengthening institutional and human capacities, evidence generation and use for advocacy and policy dialogue, and integration and cross-sectoral linkages employed to create programmatic synergies and systems for holistic results for children. In addition, South-South and triangular cooperation will be facilitated to share best practices and promote learning. A strong focus will also be placed on the identification and promotion of innovation, especially in reaching marginalized and disadvantaged small populations in remote islands. Finally, the country programme will focus on creating strategic partnerships with the private sector, particularly the tourism industry, for technical and vocational skills development and adoption and monitoring of child rights business principles.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health, nutrition and HIV/AIDS	1 085	1 054	2 139
Education and water, sanitation and hygiene	616	1 628	2 244
Child protection	1 079	1 200	2 279
Social inclusion	944	889	1 833
Cross-sectoral	525	252	777
Total (rounded)	**4 249**	**5 023**	**9 272**

Programme and risk management

28. This country programme document outlines the contributions made by UNICEF to national results for children in Maldives. It serves as the primary unit of accountability to the Executive Board for alignment of results and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures. Through the harmonized approach to cash transfers (HACT) framework, UNICEF will focus on ensuring a risk-informed programme and an emphasis on programme monitoring.

29. In recognition of the country's middle-income status, management of the programme is firmly anchored in an upstream strategy that underscores all component results. The programme is results-based, which corresponds to the importance the Government places on achieving results, as embodied in the UNDAF. The programme approach facilitates inter-agency coordination through the mechanism of the UNDAF Steering Committee (co-chaired by the Ministry of Foreign Affairs (MOFA) and the Resident Coordinator's Office), and four Outcome Technical Committees organized under the following outcome areas: children and youth; gender; governance; and environment and climate change. UNICEF co-chairs outcome 1 (children and youth) with MOE and MOYS. UNICEF will promote integration of sectors and activities through joint programming, and monitoring by the Government and concerned United Nations agencies. The management approach also recognizes the decentralized governance structure in Maldives, and will accordingly coordinate its programmes at the atoll and island levels.

30. The principal risks fall largely in the area of governance. Frequent changes in Government and a decentralization programme that appears to have an unclear future have left accountabilities among and between national-level actors and devolved governments unclear. As a result, the implementation of policies and programmes, especially for the most vulnerable populations, is often constrained. Policy inconsistencies have resulted in an untapped potential for corporate social responsibility by the private sector, while the significant increase in public debt and deficit is deemed to have an impact on budget allocations, which affects all Maldivians — especially those most vulnerable. At just 1.5 metres above sea level, the country is always one major storm away from significant adversity and possibly

a major disaster. Mitigation measures include: monitoring of results and sustained evidence-based advocacy with policymakers; promotion of partnerships, particularly with the private sector and coalitions at all levels of Government that support the achievement of equitable outcomes for children; diversifying and leveraging funding sources; closely monitoring implementation of the HACT; continuous monitoring of results through field visits and periodic reviews and evaluations; and strengthening risk-informed development planning, including early warning mechanisms, emergency preparedness and response.

31. The United Nations country team will establish relevant mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNDAF. To operationalize the country programme, annual workplans will be developed together with government partners and, where appropriate, jointly with other United Nations agencies.

Monitoring and evaluation

32. Systematic analysis and monitoring of the rights of children is a critical element in the country programme planning-to-learning and knowledge management cycle. It will further collaboration with the existing structures and institutions, such as the NBS, the relevant ministry departments of planning, and academic institutions such as the Maldives National University. Evidence for policy dialogue with partners will be generated from research and analysis of bottlenecks, sector assessments and updates to the situation of children, as well as from performance monitoring. Engagement by UNICEF partners at the national and subnational levels in programme planning, implementation and monitoring is intended to develop their capacities for social accountability for child rights, particularly among the most vulnerable.

33. Data from the 2014 census, the 2016 Household Income and Expenditure Survey, the 2015 Demographic and Health Survey, the MaldivInfo database and other administrative sources will be strengthened and mined to profile the deprivations faced by children and leverage national resources to close the equity gaps.

34. The Monitoring Results for Equity System will be used to systematically monitor the situation of children and adolescents and reduction of disparities and inequities, including bottlenecks that hinder the achievement of results. In close collaboration with the MOFA under the UNDAF, and with key line ministries, regular programme reviews will be conducted to identify progress and barriers and make adjustments.

35. In alignment with the UNDAF, the Integrated Monitoring and Evaluation Plan will identify and track studies, surveys and evaluations. Together with the UNDAF Steering Committee and technical groups, UNICEF will monitor the UNDAF and its outcome results, and report on its contribution in coordination with partners. A fully costed Evaluation Plan is annexed to this CPD. The programme will track and document progress against planned results through annual and midterm reviews.

Annex

Results and resources framework

Maldives-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Education: articles: 28 & 29: Health & social security: 6, 23-24, 26: Protection: 9, 19-20, 25, 33-34, 36-37, 39-40
Millennium Development Goals: 1, 2, 3, 4, 5 and 7
Global/Regional Partnerships: A Promise Renewed (child survival); Every Newborn action plan; Rome Declaration on Nutrition;
South Asian Association for Regional Cooperation (SAARC): South Asia Call for Action on Ending Violence against Children; SAARC Social Charter
National priorities: Government of Maldives Manifesto 2013

UNDAF outcomes involving UNICEF contribution:

- Outcome 1: By 2020, children and youth access and use equitable, inclusive and quality social services, and have increased opportunities for skills development.
  Outcome indicators[1]
  - % of children who are malnourished in the selected high-prevalence regions (National prevalence used as proxies)
    - i. Stunted under-five (U5): Baseline (B)= 18.9% , Target (T)= <15%
    - ii. Wasted U5: B= 10% U5, T= <5%
    - iii. Overweight/obese U5: B= 7%, T= <5%
    - iv. Overweight/obese adolescents girls aged 15–19 years: B= 23.5%, T= < 15%
  - Neonatal mortality rate: B= 6 deaths per 1,000 live births, T= 2 deaths per 1,000 live births
  - % children fully immunized for vaccine-preventable diseases mandated by the national immunization schedule: B= 93%, T= 98%
  - % of students passing five or more subjects in their secondary school completion examinations: B= 48% (2013). T= 60% (2020)
  - % of atolls with functional child protection systems: B= 0, T= 50%
- Outcome 2: By 2020, gender equality advanced and women empowered to enjoy equal rights and opportunities in access to social, economic and political opportunities.
  Outcome indicators
  - % of men and women who think that a husband or partner is justified in hitting or beating a wife or partner under certain circumstances: B= Men: 25.7%, Women:45.1%, T= Men: 20%, Women: 40%
- Outcome 3: By 2020, citizen expectations for voice, sustainable development, the rule of law and accountability are met by stronger systems of democratic governance.
  Outcome indicators
  - % increase in budget allocated for children by sectors: B= 0, T= 10%
  - Number of sectors with functional child-sensitive monitoring data systems: B=2, T= 9
- Outcome 4: By 2020, growth and development are inclusive and sustainable, increase resilience to climate change and disasters, and contribute to enhanced food, energy and water security and natural resource management
  Outcome indicators
  - Number of sectors that have DRR (disaster risk reduction), climate change adaptation and resilience integrated into relevant sectoral plans and/or strategies: B= 0, T= 7

[1] Maldives Demographic and Health Survey (MDHS), 2009.

Related UNICEF Strategic Plan outcome(s): Strategic Plan 2014–2017 Outcome 1: Health; 2: HIV; 3:WASH; 4: Nutrition; 5: Education; 6: Child protection; 7: Social inclusion							
UNICEF outcomes	**Key progress indicators, baselines[2] and targets[3]**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by CP outcome** *(in thousands of US dollars)*		
					RR	**OR**	**TOTAL**
OUTCOME 1: *Inclusive equitable and quality social services for children (and adolescents), especially the disadvantaged and vulnerable are improved by 2020*	1.% of children under five who are malnourished in selected regions with high prevalence of malnutrition. i. Stunted: U5. B= 18.90%, T= <15%. ii. Wasted U5: B= 10%, T= <5% iii. Overweight /obese U5: B= 7%, T= <5%. iv. Overweight/obese adolescent girls aged 15–19 years: B= 23.5%, T= <15% (National prevalence used as proxies)[4]	Monthly Reports; Health Management Information System; Demographic and Health Surveys	Comprehensive mechanism for child and adolescent nutrition interventions strengthened, especially in the regions with high malnutrition rates. Policies and strategies for implementation and monitoring of inclusive and equitable child health programmes developed and implemented.	NGOs/ community-based organizations (CBOs) for behaviour change communication in maternal and child nutrition; WHO on newborn care and immunization	**2 780**	**3 882**	**6 662**
	2. % of schools meeting quality standards consistent with child-friendly, inclusive gender-sensitive quality education. B= 5%, T= 40%	MOE/School Annual reports	Strengthen implementation and monitoring of inclusive, and gender-sensitive education.	MOE and Ministry of Environment and Energy on WASH; World Bank and MOE on quality education; UNESCO and			

[2] *Baselines are 2014 unless otherwise stated.*
[3] *Targets are for 2020 unless otherwise stated.*
[4] MDHS, 2009.

	3. % of out-of-school adolescents (girls and boys) completing alternative education programme. B= Girls: 0%, Boys: 0%, T= Girls: 50% Boys: 50%	Education Management Information System	Alternative education system for the most vulnerable children established and operational.	MOYS on alternative education for out-of-school children			
	4. Percentage of atolls with functional child protection system. B= 0% T= 50%	Sectoral Annual reports; Review reports	Child protection system effectively prevents and responds to violence against children and children in conflict with the law, and for prevention of drug abuse. Effective national coordination and monitoring mechanism operational for timely response to violence against children and children in conflict with the law.	Collaboration with CBOs/NGOs to support vulnerable children; partnership with MOLG, MPS, Atoll and Island Councils, JJU, and Juvenile Court, for prevention and responding to violence against children and children in conflict with the law.			
OUTCOME 2: *Evidence generated for policy advocacy for inclusion in social services by 2020*	1. Number of sectors with fully functional child-sensitive monitoring and data systems B= 2 (2015); T= 9	Sector agency reviews/ reports	Systems for generating evidence and monitoring are strengthened at national and sub-national levels for inclusive and equitable policies, plans and services, especially for the most disadvantaged.	Ministry of Finance and Treasury, Local Government Authority (LGA), NBS, MOE, MOH, MOLG.	**944**	**889**	**1 833**
	2. Percentage of vulnerable children and adolescents benefiting from social protection schemes. B=0%, T=40%	Survey reports Sector reports/ publications	Social protection systems strengthened to improve the focus on the most vulnerable.				

	3. Number and proportion of islands with child-centred disaster management (DM) plans. B= 12 (6%) (2015) T = 94 (50%)	Sector agency reports/ publications	Child- and gender-sensitive disaster-resilient and climate change adaptation plans institutionalized and operational at subnational levels.	LGA, NDMC, NGOs, relevant sectors, Atoll and Island Councils			
Cross-sectoral	Number of child-centred cross sectoral events B=3; T= 10	Annual reports	Media and partnerships established and effectively promote child rights with a focus on equity.	Media, private sector, NGOs, ministries and communities	**525**	**252**	**777**
TOTAL					**4 249**	**5 023**	**9 272**